

## Intravitreal Implants

| Member and Medication Information (required)   |               |             |
|--|---------------|-------------|
| Member ID:   | Member Name:  |             |
| DOB:   | Weight:       |             |
| Medication Name/ Strength:   | Dose:         |             |
| Directions for use:  |               |             |
| Provider Information (required)  |               |             |
| Name:  | NPI:          | Specialty:  |
| Contact Person:  | Office Phone: | Office Fax: |
| <b>FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS, CHART NOTES and/or UPDATED LETTER OF MEDICAL NECESSITY TO 855-828-4992</b> |               |             |

**Criteria for Approval (All must be met):**

- ☐ Implant is prescribed by an ophthalmologist.

**Additional Criteria for Iluvien (fluocinolone acetonide): All Criteria must be met. Patient must be 18 years or older**

- ☐ Diagnosis of Diabetic Macular Edema (DME).
- ☐ Previously treated with ophthalmic corticosteroid, without a clinically significant rise in intraocular pressure.  
Medication Used: \_\_\_\_\_ Duration of Use: \_\_\_\_\_ Chart Note Page #: \_\_\_\_\_
- ☐ Patient does not have any of the following contraindicated conditions:
- Glaucoma with a cup to disc ratio of greater than 0.8
  - Ocular or periocular infections

**Additional Criteria for Ozurdex (dexamethasone): All Criteria must be met. Patient must be 18 years or older**

- ☐ Diagnosis of Diabetic Macular Edema (DME). **OR**
- ☐ Diagnosis of Macular Edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO). **OR**
- ☐ Diagnosis of Non-Infectious Uveitis affecting the posterior segment of the eye.
- ☐ Patient does not have any of the following contraindicated conditions:
- Glaucoma with a cup to disc ratio of greater than 0.8
  - Ocular or periocular infections.
  - Torn or ruptured posterior lens capsule.

**Additional Criteria for Retisert (fluocinolone acetonide): All Criteria must be met. Patient must be 12 years or older**

- ☐ Diagnosis of Chronic Non-Infectious Uveitis affecting the posterior segment of the eye for at least 1 year.
- ☐ Tried and failed course of Humira (adalimumab) for at least 6 weeks within last year.
- ☐ Details of Failure: \_\_\_\_\_ Duration of Use: \_\_\_\_\_ Chart Note Page #: \_\_\_\_\_

**Additional Criteria for Yutiq (fluocinolone acetonide): All Criteria must be met. Patient must be 18 years or older**

- ☐ Diagnosis of Chronic Non-Infectious Uveitis affecting the posterior segment of the eye.
- ☐ Tried and failed course of Humira (adalimumab) for at least 6 weeks within last year.
- ☐ Details of Failure: \_\_\_\_\_ Duration of Use: \_\_\_\_\_ Chart Note Page #: \_\_\_\_\_

**Authorization:** One implant per approval.

**Reauthorization:** Permitted for opposite eye, if treatment of the first eye is successful.

**PROVIDER CERTIFICATION**

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date